Fukushima University Graduate School of Symbiotic Systems Science and Technology

Doctoral Program

Entrance Exam for Admissions in 2024

(General Exam and Working Person Special Exam)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Major (Circle One) | | | Exam Type (Circle One) | | | Examinee Number  (No entry needed) |
| Symbiotic Systems Science and Technology | | Environmental Radioactivity | General Exam | | Working Person Special Exam (WPS) | DR |
| Kana |  | | | Birthdate/Age | | Gender |
| Name |  | | | MM/DD/YY:  Age (as of March 31 2024): | | Male/Female |
|  | Instructor of Choice (\*1) | | Instructor’s Field  (of Specialization) (\*1) | | Nationality (Non-Japanese only) | Visa Status (Non-Japanese only) |
| 1st Choice |  | |  | |  |  |
| 2nd Choice |  | |  | |
| Application Qualification | Application Qualification (All applicants) (\*2) | | (Circle One)  1) 2) 3) 4) 5) 6) 7) 8) 9) | | Requirements (Applicants for WPS Exam) (\*2) | (Circle One)  (A), (B) |
| National/Public/Private University Faculty/Department/School/College  Graduated / Expected to graduate in MM/YY | | | | | |
| National/Public/Private University Graduate School (Master’s/Doctoral Program)  Major  Graduated / Expected to graduate in MM//YY | | | | | |
| Current Resident Address | Address:  Phone: | | | | | |
| Contact Address  (In Japan)  (\*3) | Address:  Phone: Mobile Phone:  E-mail: | | | | | |
| Place of employment  (If employed) | Name of organization/company  Type of job/title  Address of organization/company  Phone: | | | | | |

Application Form

\*1 For “Instructor of choice” and “Instructor’s Field”, please refer to the list of Instructors on page 17-19 for the Major in Symbiotic Systems Science and Technology and on page 22-23 for the Major in Environmental Radioactivity, then fill in up to your second choice. **Before applying, please be sure to contact the instructor you wish to serve as your supervisor and discuss your suitability for the field of study.**

For the “Instructor’s Field”, please select the appropriate field from the following:

Symbiotic Machines and Systems Intelligence / Symbiotic Environment Systems / Environmental Radioactivity

\*2 For “Application Qualification (All applicants)”, see Pages 4-5 and circle ones that apply.

\*3 ”Contact Address” will be used for inquiry about your application, etc. Please provide accurate information that you can be sure to be contacted.

|  |  |  |
| --- | --- | --- |
| Academic Record  (For those without Japanese citizenship, provide the details from primary education. For others, provide the details from high school. Describe your experience as a research student, etc., if any. | | |
| Name of School | | Period |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
| Work Experience | | |
| Name of Organization/Company  (Place of employment) | Type of Job | Period |
|  |  | From MM/YY to MM/YY |
|  |  | From MM/YY to MM/YY |
|  |  | From MM/YY to MM/YY |
|  |  | From MM/YY to MM/YY |
|  |  | From MM/YY to MM/YY |
|  |  | From MM/YY to MM/YY |
| I confirm the above to be true and correct.  MM/DD/YY  Name of Applicant | | |

Note: If the information provided here is found to be untrue, your admission may be cancelled.